



RECREATION DEPARTMENT

The Heart of the Neighborhood

www.chulavistaca.gov/rec

(619) 691-5083 [WEST DIVISION]

(619) 585-5739 [EAST DIVISION]



SPORTS

YOUTH COED BASKETBALL LEAGUE

GENERAL INFORMATION

The Youth Winter Coed Basketball League will host two geographically based, i.e. East and West Chula Vista. The Salt Creek center will be the headquarters for the Eastern Division, and the Parkway Community Center & Gymnasium will be the headquarters for the Western Division. Players are permitted to register in either geographic (East or West) regardless of residency. For example, a player that lives in the communities of Terra Nova or Rancho Del Rey can register for the Western Division or the Eastern Division.

If we have enough teams for each division for each geographic area, games will be played on a West and East basis during the regular season. Similarly for practices, the West Division will practice at Parkway and the East Division will practice at Montevalle, Salt Creek & Veterans. Please note, some practices may be outdoors for the East division due to fiscal and space constraints. Practices will begin the week of November 14 and will be held one to two times per week (Monday-Friday, 4-9pm.) Schedule depends on the availability of the volunteer coaches. Requests for children to be placed on the same team for car pool reasons and requests for specific coaches and practice days cannot be honored.

FEES / COSTS:

Registration is open to the inexperienced and experienced player.

1st child: \$95 Resident / \$119 Non-Resident

2nd child or more: \$75 Resident / \$94 Non-Resident

**NO REFUNDS;
NO EXCEPTIONS.**

AGE DIVISIONS

A-Div Born 1998 - 1999 COED

B-Div Born 2000 - 2001 COED

C-Div Born 2002 - 2003 COED

D-Div Born 2004 - 2005 COED

GAME DATES

First Game: December 3

Last Game: February 18

Playoffs Begin: February 25

Championship Games: March 11

ONLINE REGISTRATION

www.chulavistaca.gov/goto/basketball

Online registration starts Monday, September 26 at 2:00 pm. The 2nd child or more fee will not be accessible for online registration. Please note, there is a nominal/non-refundable "convenience fee" charged for all online registrations taken by an online registration vendor. 25% of registration space is reserved for online registration.

WALK-IN REGISTRATION

Starts the week of September 26 and will be accepted at the following two locations during the specific days and times:

Salt Creek Park & Recreation Center, 2710 Otay Lakes Rd

Wednesdays, 3:00-7:45 PM

Saturdays, 8:00 AM-3:45 PM

Parkway Community Center, 373 Park Way

Tuesdays, 2:30-9:00 PM

Thursdays, 2:30-9:00 PM

MAIL-IN REGISTRATION

Will be accepted for postmarks starting September 26 and ending October 14. Registrations will be returned unprocessed if they are incomplete or without payment. Please mail to:

Chula Vista Recreation Department

ATTN: Steven W. Scott, Youth Sports Director

276 Fourth Ave, MS-R-109

Chula Vista, CA 91910

**REGISTRATION WILL START CLOSING ON
WED, OCT 19 ON A SPACE AVAILABLE BASIS**

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the district as a community service. Any questions should be directed to Steven Wayne Scott, Recreation Supervisor, 2710 Otay Lakes Rd, Chula Vista, CA 91915 or (619) 585-5739.



YOUTH COED

BASKETBALL LEAGUE

PRACTICE DAYS/TIMES

Practices will start the week of November 14. Practices for the west division will primarily be hosted at the Parkway Recreation Complex (Gym & Community Center) as well as alternative outdoor court locations. Practices for the east division may be hosted throughout eastern Chula Vista and may primarily be on outdoor basketball courts. Requests for children to be placed on the same team for car pool reasons, requests for specific coaches and practice days cannot be honored.

PARENT/FAN TRAININGS

Parents/Fans are encouraged to attend one of the four parent trainings listed on your registration receipt. If a parent or a fan is ejected from a game due to unsportsmanlike behavior and they have not attended a training, they will not be permitted to attend any more games for the remainder of the season.

PLAYER EVALUATIONS (MANDATORY)

Player evaluations are mandatory. If you are unable to meet the specific date for your division, you will need to set-up a date with the division supervisor, Frank Carson for West and Steven W. Scott for East, prior to the evaluation date. Specific times for player evaluations will be printed on your registration receipt. No registrations will be accepted after October 29 for the West division and November 5 for the East division, on a space available basis only. The following are the dates for divisional player evaluations:

WEST - Parkway Gymnasium, 385 Park Way
Saturday, October 29

EAST - Salt Creek Park & Recreation Center, 2710 Otay Lakes Rd
Saturday, November 5

FILL OUT COMPLETELY - PLEASE PRINT

PLEASE CIRCLE :	Eastern Division or Western Division	PLEASE CIRCLE :	A-Div B-Div C-Div D-Div
PARTICIPANT NAME	School	Male / Female	
Parent's Name	Home Phone:	Work Phone:	
ADDRESS	CITY	STATE	ZIP
Emergency Contact Name:	Emergency Contact Phone:		
Child's Date of Birth: / /	Child's Height:	Child's Weight:	Fee Enclosed \$
Email Address:			
Parent/Guardian: Are you interested in coaching a team? YES NO		Your Name:	

ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

Does the participant require special accommodations for a successful experience?
Yes _____ No _____

READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

IMPORTANT: A copy of each child's proof of age must be mailed with registration. If a copy has been submitted in the past, there is no need to send another.

I _____ (REGISTRANT), and I _____ *(REGISTRANT'S parent or guardian),

acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's OR Parent/Guardian's Signature* _____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

OFFICE USE ONLY: Amount enclosed: \$ _____ Bank # _____ Check/Money Order # _____ City Receipt _____